

Substitute for form 1449/PTO (Revised 07/2005)				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				Application Number	09/458,602
				Filing Date	December 8, 1999
				First Named Inventor	Pegan et al.
				Group Art Unit	2135
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	042253/190999
<b>OTHER DOCUMENTS</b>					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			English Language Translation Attached
	1	<i>Plaintiff Nomadix, Inc. 's Proposed Claim Construction Statement</i> ; Nomadix, Inc. vs. Second Rule LLC; Civil Action CV-07-1946, USDC, CD CA.; May 23, 2008; 183 pages.			
	2	<i>Second Rule LLC's Response to Nomadix, Inc. 's Proposed Claim Construction Statement</i> ; Nomadix, Inc. vs. Second Rule LLC.; Civil Action CV-07-1946, USDC, CD CA. ; June 6, 2008; 74 pages.			
Examiner Signature	/Beemnet Dada/			Date Considered	08/03/2008

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /BD/